

TITLE V BLOCK GRANT APPLICATION
FORMS (1-21)
STATE: KY
APPLICATION YEAR: 2005

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APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED 7/15/2004	APPLICANT IDENTIFIER 927-049-767
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY STATE	STATE APPLICATION IDENTIFIER
Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	FEDERAL IDENTIFIER
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction			
5. APPLICANT INFORMATION			
Legal Name: Kentucky Cabinet for Health and Family Services		Organizational Unit: Kentucky Department for Public Health	
Address (give city, county, state and zip code) 275 East Main Street Frankfort, KY 40621 County: Franklin		Name and telephone number of the person to be contacted on matters involving this application (give area code) Name: Gwen Cobb Tel Number: 502-564-2154	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="display: flex; gap: 10px;"><div style="border: 1px solid black; padding: 2px 5px;">6</div><div style="border: 1px solid black; padding: 2px 5px;">1</div><div style="border: 1px solid black; padding: 2px 5px;">0</div><div style="border: 1px solid black; padding: 2px 5px;">6</div><div style="border: 1px solid black; padding: 2px 5px;">0</div><div style="border: 1px solid black; padding: 2px 5px;">0</div><div style="border: 1px solid black; padding: 2px 5px;">4</div><div style="border: 1px solid black; padding: 2px 5px;">3</div><div style="border: 1px solid black; padding: 2px 5px;">9</div></div>		7. TYPE OF APPLICANT: (Enter appropriate letter in box) A A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipality J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipality M. Profit Organization G. Special District N. Other (Specify)	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration Decrease Duration Other (specify):		9 NAME OF FEDERAL AGENCY: Health Resources and Services Administration, Maternal and Child Health Bureau	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="display: flex; gap: 10px;"><div style="border: 1px solid black; padding: 2px 5px;">9</div><div style="border: 1px solid black; padding: 2px 5px;">3</div><div style="border: 1px solid black; padding: 2px 5px;">9</div><div style="border: 1px solid black; padding: 2px 5px;">9</div><div style="border: 1px solid black; padding: 2px 5px;">4</div></div> TITLE: Maternal and Child Health Services Block Grant		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Maternal and Child Health Block Grant	
12. AREAS AFFECTED BY PROJECT (cities, communities, states, etc.): Statewide			
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:	
Start Date: 10/01/2004	Ending Date: 09/30/2005	a. Applicant 6	b. Project Statewide
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ <u>12,144,971.00</u>	a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. NO <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ <u>0.00</u>		
c. State	\$ <u>44,820,066.00</u>		
d. Local	\$ <u>0.00</u>		
e. Other	\$ <u>40,000.00</u>		
f. Program Income	\$ <u>0.00</u>		
g. TOTAL	\$ <u>57,005,037.00</u>	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT <input type="checkbox"/> Yes. If "Yes", attach an explanation <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY BY THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative James W. Holsinger, Jr., M.D.		b. Title Secretary	c. Telephone Number 502-564-7042
d. Signature of Authorized Representative		e. Date Signed	

FORM 2
MCH BUDGET DETAILS FOR FY 2005

[Secs. 504 (d) and 505(a)(3)(4)]

STATE: KY

1. FEDERAL ALLOCATION

(Item 15a of the Application Face Sheet [SF 424])
Of the Federal Allocation ('1 above), the amount earmarked for:

\$ 12,144,971

A.Preventive and primary care for children:

\$ 5,044,300 (41.53%)

B.Children with special health care needs:

\$ 4,238,594 (34.9%)

(If either A or B is less than 30%, a waiver request must accompany the application)[Sec. 505(a)(3)]

C.Title V administrative costs:

\$ 182,700 (1.5%)

(The above figure cannot be more than 10%)(Sec. 504(d))

2. UNOBLIGATED BALANCE (Item 15b of SF 424)

\$ 0

3. STATE MCH FUNDS (Item 15c of the SF 424)

\$ 44,820,066

4. LOCAL MCH FUNDS (Item 15d of SF 424)

\$ 0

5. OTHER FUNDS (Item 15e of SF 424)

\$ 40,000

6. PROGRAM INCOME (Item 15f of SF 424)

\$ 0

7. TOTAL STATE MATCH (Lines 3 through 6)

(Below is your State's FY 1989 Maintenance of Effort Amount)

\$ 22,552,700

\$ 44,860,066

8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL)

(Total lines 1 through 6. Same as line 15g of SF 424)

\$ 57,005,037

9. OTHER FEDERAL FUNDS

(Funds under the control of the person responsible for the administration of the Title V program)

a. SPRANS: \$ 98,080

b. SSDI: \$ 100,000

c. CISS: \$ 0

d. Abstinence Education: \$ 834,700

e. Healthy Start: \$ 0

f. EMSC: \$ 0

g. WIC: \$ 85,800,000

h. AIDS: \$ 0

i. CDC: \$ 5,217,058

j. Education: \$ 0

k. Other: \$ 0

Early Childhood Syst \$ 100,000

KEIS \$ 5,374,700

Oral Health Systems \$ 65,000

Sound Start (CCSHCN) \$ 126,000

Title X \$ 5,100,000

10. OTHER FEDERAL FUNDS (SUBTOTAL of all Funds under item 9)

\$ 102,815,538

11. STATE MCH BUDGET TOTAL

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 159,820,575

FORM NOTES FOR FORM 2

None

FIELD LEVEL NOTES

1. **Section Number:** Main

Field Name: CDC

Row Name: Other Federal Funds - CDC

Column Name:

Year: 2005

Field Note:

Comprising this line are the following grants with totals & contacts:

Division of Adult and Child Health:

Lead Poisoning Prevention \$ 912,958 Nancy Briggs

Obesity Prevention \$ 450,000 Cathy Winston

Coordinated School Health \$ 100,000 Victoria Greenwell

Birth Surveillance \$ 180,000 Joyce Robl

Diabetes Prevention \$ 481,700 Theresa Renn

Tobacco Cessation \$ 1,063,400 Irene Centers

Cardiovascular \$ 463,000 Brian Boisseau

Primary Prevention Block Grant \$ 1,500,000 Janet Luttrell

CCSHCN \$ 66,000

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506((a))(1-3)]

STATE: KY

	FY 2003		FY 2004		FY 2005	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 12,588,758	\$ 12,378,307	\$ 12,411,575	\$ 0	\$ 12,144,971	\$ 0
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3. State Funds <i>(Line3, Form 2)</i>	\$ 47,505,439	\$ 36,402,168	\$ 39,394,297	\$ 0	\$ 44,820,066	\$ 0
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
5. Other Funds <i>(Line5, Form 2)</i>	\$ 354,200	\$ 12,812,865	\$ 114,700	\$ 0	\$ 40,000	\$ 0
6. Program Income <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
7. Subtotal <i>(Line8, Form 2)</i>	\$ 60,448,397	\$ 61,593,340	\$ 51,920,572	\$ 0	\$ 57,005,037	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 98,198,378	\$ 92,790,849	\$ 81,635,100	\$ 0	\$ 102,815,538	\$ 0
9. Total <i>(Line11, Form 2)</i>	\$ 158,646,775	\$ 154,384,189	\$ 133,555,672	\$ 0	\$ 159,820,575	\$ 0
(STATE MCH BUDGET TOTAL)						

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506((a))(1-3)]

STATE: KY

	FY 2000		FY 2001		FY 2002	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation (Line1, Form 2)	\$ 11,329,493	\$ 11,488,871	\$ 12,331,266	\$ 12,339,900	\$ 12,321,181	\$ 12,313,200
2. Unobligated Balance (Line2, Form 2)	\$ 0	\$ 0	\$ 405,749	\$ 405,749	\$ 0	\$ 0
3. State Funds (Line3, Form 2)	\$ 29,729,313	\$ 29,729,313	\$ 41,594,895	\$ 37,691,300	\$ 44,445,675	\$ 39,126,990
4. Local MCH Funds (Line4, Form 2)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
5. Other Funds (Line5, Form 2)	\$ 4,753,555	\$ 3,683,956	\$ 120,000	\$ 311,163	\$ 627,790	\$ 8,304,301
6. Program Income (Line6, Form 2)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
7. Subtotal (Line8, Form 2)	\$ 45,812,361	\$ 44,902,140	\$ 54,451,910	\$ 50,748,112	\$ 57,394,646	\$ 59,744,491
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds (Line10, Form 2)	\$ 101,637,135	\$ 89,952,486	\$ 104,995,220	\$ 91,157,972	\$ 93,574,100	\$ 94,498,740
9. Total (Line11, Form 2)	\$ 147,449,496	\$ 134,854,626	\$ 159,447,130	\$ 141,906,084	\$ 150,968,746	\$ 154,243,231
(STATE MCH BUDGET TOTAL)						

FORM NOTES FOR FORM 3

None

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: StateMCHFundsExpended
Row Name: State Funds
Column Name: Expended
Year: 2002
Field Note:
CCSHCN \$ 9,840,990

DPH

\$ 24,585,000 (MCH & Nutrition) plus \$ 4,701,000 for Chronic Disease (includes Diabetes, Cancer, etc.)

Total: \$ 39,126,990
2. **Section Number:** Main
Field Name: StateMCHFundsExpended
Row Name: State Funds
Column Name: Expended
Year: 2003
Field Note:
Kentucky, like all other states, is moving through a period of recession. State funds for many programs have been reduced over the past few years.
3. **Section Number:** Main
Field Name: OtherFundsExpended
Row Name: Other Funds
Column Name: Expended
Year: 2002
Field Note:
CCSHCN: \$ 336,701

DPH/ACH:

\$ 88,600 MCH Agency Funds - PKY Formula
\$ 80,800 MCH Agency Funds TOPS
\$ 270,500 MCH Agency Funds Abstinence
\$7,527,700 MCH Agency Funds - HANDS Medicaid
4. **Section Number:** Main
Field Name: OtherFundsExpended
Row Name: Other Funds
Column Name: Expended
Year: 2003
Field Note:
Includes Medicaid Reimbursement for the HANDS Home Visitation Program. This might not have been included with the initial projection for the number. Also includes birth certificate fee for formula. Per Trudy vanMeter 6/29/04
5. **Section Number:** Main
Field Name: OtherFedFundsExpended
Row Name: Other Federal Funds
Column Name: Expended
Year: 2002
Field Note:
CCSHCN: \$ 291,847
ACH/DPH: \$ 94,206,893

Total: \$ 94,498,740

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: KY

	FY 2003		FY 2004		FY 2005	
I. Federal-State MCH Block Grant Partnership	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
a. Pregnant Women	\$ 12,808,723	\$ 13,057,788	\$ 10,277,072	\$ 0	\$ 6,631,832	\$ 0
b. Infants < 1 year old	\$ 6,964,466	\$ 7,436,788	\$ 8,191,122	\$ 0	\$ 5,372,174	\$ 0
c. Children 1 to 22 years old	\$ 14,589,406	\$ 14,782,401	\$ 15,404,075	\$ 0	\$ 12,082,939	\$ 0
d. Children with Special Healthcare Needs	\$ 11,849,534	\$ 11,841,929	\$ 12,249,313	\$ 0	\$ 28,017,794	\$ 0
e. Others	\$ 11,628,951	\$ 11,825,921	\$ 4,526,068	\$ 0	\$ 3,549,378	\$ 0
f. Administration	\$ 2,607,317	\$ 2,648,513	\$ 1,272,922	\$ 0	\$ 1,350,920	\$ 0
g. SUBTOTAL	\$ 60,448,397	\$ 61,593,340	\$ 51,920,572	\$ 0	\$ 57,005,037	\$ 0
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 0		\$ 98,080	
b. SSDI	\$ 90,300		\$ 100,000		\$ 100,000	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 990,400		\$ 994,488		\$ 834,700	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 84,705,700		\$ 70,145,428		\$ 85,800,000	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 1,484,400		\$ 5,359,725		\$ 5,217,058	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
Early Childhood Syst	\$ 0		\$ 0		\$ 100,000	
KEIS	\$ 0		\$ 0		\$ 5,374,700	
Oral Health Systems	\$ 0		\$ 0		\$ 65,000	
Sound Start (CCSHCN)	\$ 126,000		\$ 164,000		\$ 126,000	
Title X	\$ 0		\$ 0		\$ 5,100,000	
KISS (CCSHCN)	\$ 135,400		\$ 132,100		\$ 0	
Title X	\$ 0		\$ 4,739,359		\$ 0	
Other (see notes) DPH	\$ 5,512,193		\$ 0		\$ 0	
Title X (DPH)	\$ 5,153,985		\$ 0		\$ 0	
III. SUBTOTAL	\$ 98,198,378		\$ 81,635,100		\$ 102,815,538	

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: KY

	FY 2000		FY 2001		FY 2002	
I. Federal-State MCH Block Grant Partnership	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
a. Pregnant Women	\$ 3,595,550	\$ 3,924,329	\$ 1,847,286	\$ 2,114,994	\$ 8,928,172	\$ 9,857,841
b. Infants < 1 year old	\$ 3,590,881	\$ 3,990,287	\$ 3,770,301	\$ 3,488,429	\$ 4,600,810	\$ 4,856,710
c. Children 1 to 22 years old	\$ 7,061,162	\$ 7,749,725	\$ 5,982,658	\$ 5,561,264	\$ 12,909,908	\$ 13,442,510
d. Children with Special Healthcare Needs	\$ 15,780,726	\$ 11,924,583	\$ 14,761,306	\$ 13,304,878	\$ 12,218,990	\$ 12,469,194
e. Others	\$ 11,749,984	\$ 12,894,224	\$ 22,699,172	\$ 21,082,247	\$ 15,112,031	\$ 15,533,567
f. Administration	\$ 4,034,058	\$ 4,418,992	\$ 5,391,187	\$ 5,005,137	\$ 3,624,735	\$ 3,584,669
g. SUBTOTAL	\$ 45,812,361	\$ 44,902,140	\$ 54,451,910	\$ 50,556,949	\$ 57,394,646	\$ 59,744,491

II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 100,000		\$ 100,000		\$ 100,000	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 990,500		\$ 990,500		\$ 990,400	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 87,915,600		\$ 87,915,600		\$ 87,915,600	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 0		\$ 0		\$ 186,000	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
Genetics Planning Grant	\$ 0		\$ 0		\$ 75,000	
KY Early Intervention	\$ 0		\$ 161,400		\$ 161,400	
Title X	\$ 0		\$ 0		\$ 4,145,700	
CCHCN	\$ 0		\$ 408,600		\$ 0	
Sum Total From Notes	\$ 0		\$ 11,282,520		\$ 0	
Title X Family Planning	\$ 0		\$ 4,136,600		\$ 0	
See Notes	\$ 12,631,035		\$ 0		\$ 0	
III. SUBTOTAL	\$ 101,637,135		\$ 104,995,220		\$ 93,574,100	

FORM NOTES FOR FORM 4

None

FIELD LEVEL NOTES

- 1. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenExpended
Row Name: Pregnant Women
Column Name: Expended
Year: 2002
Field Note:
Allocations provided at the time of budget submission are merely estimates, as contracts and activities are not finalized until after the beginning of the state fiscal year, which begins July 1st.

Numbers provided are best estimates of populations actually served during 2002.
- 2. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: Children_0_1Budgeted
Row Name: Infants <1 year old
Column Name: Budgeted
Year: 2005
Field Note:
Several projects which were previously included under this category have been moved to the CSHCN column. The patients served under these projects have not changed but as KEIS is now within the Department for Public Health, additional funding for children with developmental delays has been included in the DPH budget. Additionally, several contracts usually put under this category now seem to fit more reasonably under the CSHCN although they remain with the ACH Division. Lorie Chesnut 6/04.
- 3. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: Children_0_1Expended
Row Name: Infants <1 year old
Column Name: Expended
Year: 2002
Field Note:
Allocations provided at the time of budget submission are merely estimates, as contracts and activities are not finalized until after the beginning of the state fiscal year, which begins July 1st.

Numbers provided are best estimates of populations actually served during 2002.
- 4. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Expended
Row Name: Children 1 to 22 years old
Column Name: Expended
Year: 2002
Field Note:
Allocations provided at the time of budget submission are merely estimates, as contracts and activities are not finalized until after the beginning of the state fiscal year, which begins July 1st.

Numbers provided are best estimates of populations actually served during 2002.
- 5. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNBudgeted
Row Name: CSHCN
Column Name: Budgeted
Year: 2005
Field Note:
In the past years, this category has only included funding allocated by the Commission for Children with Special Health Care Needs. At that time, the Kentucky Early Intervention Program was also within the CSHCN agency (which receives a portion of Title V funding but which is, officially, an agency separate from the Department for Public Health).

In 2004, KEIS has been moved to the Department for Public Health, Division of Adult and Child Health. Now, the reader will note that the CSHCN column is considerably higher in 2005 than in past years. In 2005, an estimated \$ 11,709,600 in state general funds will be used under the KEIS program. I have also included any contracts funded by state funds (or Title V funds) which are under the direction of Germaine O'Connell (such as the "Infant Intensive Care Program") falling under this category. Lorie Chesnut 6/04.
- 6. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNExpended
Row Name: CSHCN
Column Name: Expended
Year: 2002
Field Note:
Allocations provided at the time of budget submission are merely estimates, as contracts and activities are not finalized until after the beginning of the state fiscal year, which begins July 1st.

Numbers provided are best estimates of activities actually happening during 2002.
- 7. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: AllOthersExpended
Row Name: All Others
Column Name: Expended
Year: 2002
Field Note:
Allocations provided at the time of budget submission are merely estimates, as contracts and activities are not finalized until after the beginning of the state fiscal year, which begins July 1st.

Numbers provided are best estimates of populations actually served during 2002.
- 8. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: AdminExpended
Row Name: Administration
Column Name: Expended
Year: 2002
Field Note:
Allocations provided at the time of budget submission are merely estimates, as contracts and activities are not finalized until after the beginning of the state fiscal year, which begins July 1st.

Administration for this year also includes 1.2 million for FOCUS Early Childhood Data System. This is a one-time expenditure to develop a system to link MCH data system files.

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: KY

TYPE OF SERVICE	FY 2003		FY 2004		FY 2005	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 31,795,858	\$ 32,028,536	\$ 20,906,602	\$ 0	\$ 33,725,945	\$ 0
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 8,885,914	\$ 9,239,001	\$ 15,958,051	\$ 0	\$ 11,358,802	\$ 0
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 13,177,750	\$ 13,550,534	\$ 11,976,243	\$ 0	\$ 8,383,644	\$ 0
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 6,588,875	\$ 6,775,269	\$ 3,079,676	\$ 0	\$ 3,536,646	\$ 0
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 60,448,397	\$ 61,593,340	\$ 51,920,572	\$ 0	\$ 57,005,037	\$ 0

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: KY

TYPE OF SERVICE	FY 2000		FY 2001		FY 2002	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 28,037,166	\$ 27,480,109	\$ 36,339,938	\$ 33,772,044	\$ 30,163,119	\$ 31,067,135
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 10,674,280	\$ 10,417,296	\$ 4,522,557	\$ 4,196,226	\$ 8,422,934	\$ 8,961,673
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 1,053,684	\$ 987,847	\$ 9,882,222	\$ 9,150,807	\$ 12,538,085	\$ 13,143,788
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 6,047,231	\$ 6,016,888	\$ 3,707,193	\$ 3,437,872	\$ 6,270,508	\$ 6,571,895
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 45,812,361	\$ 44,902,140	\$ 54,451,910	\$ 50,556,949	\$ 57,394,646	\$ 59,744,491

FORM NOTES FOR FORM 5

None

FIELD LEVEL NOTES

1. Section Number: Main

Field Name: DirectHCExpended

Row Name: Direct Health Care Services

Column Name: Expended

Year: 2002

Field Note:

Some of the difference shown is because the state budget year (July 1 through June 30) is different then the federal year (October 1 through September 30). Various federal grants also have other grant years. This makes it difficult to provide comparative financial data.

Budget estimates for future years for this grant are made before the end of the state fiscal year and are therefore subject to change after the final submission.

In some cases, grant funds are not completely expended within the fiscal year indicated. In this case, grant funds may be carried into the next year.

State general funds decreased in 2002.

The Division of Resource Management, within the Kentucky Department for Public Health, is the division responsible for fiscal activity under these grants.

2. Section Number: Main

Field Name: EnablingExpended

Row Name: Enabling Services

Column Name: Expended

Year: 2002

Field Note:

Some of the difference shown is because the state budget year (July 1 through June 30) is different then the federal year (October 1 through September 30). Various federal grants also have other grant years. This makes it difficult to provide comparative financial data.

Budget estimates for future years for this grant are made before the end of the state fiscal year and are therefore subject to change after the final submission.

In some cases, grant funds are not completely expended within the fiscal year indicated. In this case, grant funds may be carried into the next year.

State general funds decreased in 2002.

The Division of Resource Management, within the Kentucky Department for Public Health, is the division responsible for fiscal activity under these grants.

3. Section Number: Main

Field Name: PopBasedExpended

Row Name: Population-Based Services

Column Name: Expended

Year: 2002

Field Note:

Some of the difference shown is because the state budget year (July 1 through June 30) is different then the federal year (October 1 through September 30). Various federal grants also have other grant years. This makes it difficult to provide comparative financial data.

Budget estimates for future years for this grant are made before the end of the state fiscal year and are therefore subject to change after the final submission.

In some cases, grant funds are not completely expended within the fiscal year indicated. In this case, grant funds may be carried into the next year.

State general funds decreased in 2002.

The Division of Resource Management, within the Kentucky Department for Public Health, is the division responsible for fiscal activity under these grants.

4. Section Number: Main

Field Name: InfrastrBuildExpended

Row Name: Infrastructure Building Services

Column Name: Expended

Year: 2002

Field Note:

Some of the difference shown is because the state budget year (July 1 through June 30) is different then the federal year (October 1 through September 30). Various federal grants also have other grant years. This makes it difficult to provide comparative financial data.

Budget estimates for future years for this grant are made before the end of the state fiscal year and are therefore subject to change after the final submission.

In some cases, grant funds are not completely expended within the fiscal year indicated. In this case, grant funds may be carried into the next year.

Administrative costs are included within this section.

The Division of Resource Management, within the Kentucky Department for Public Health, is the division responsible for fiscal activity under these grants.

FORM 6						
NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED						
Sect. 506(a)(2)(B)(iii)						
STATE: KY						
Total Births by Occurrence: 55,990				Reporting Year: 2002		
Type of Screening Tests	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment(3)	
	No.	%			No.	%
Phenylketonuria	53,849	96.2	9	2	2	100
Congenital Hypothyroidism	53,849	96.2	383	23	23	100
Galactosemia	53,849	96.2	88	12	12	100
Sickle Cell Disease	53,849	96.2	20	10	9	90
Other Screening (Specify)						
Screening Programs for Older Children & Women (Specify Tests by name)						
(1) Use occurrent births as denominator.						
(2) Report only those from resident births.						
(3) Use number of confirmed cases as denominator.						

FORM NOTES FOR FORM 6
None
FIELD LEVEL NOTES
None

FORM 7
NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED) UNDER TITLE V
(BY CLASS OF INDIVIDUALS AND PERCENT OF HEALTH COVERAGE)

[Sec. 506(a)(2)(A)(i-ii)]

STATE: KY

Reporting Year: 2003

	TITLE V		PRIMARY SOURCES OF COVERAGE			
Types of Individuals Served	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	12,957	67.9		1.0	31.0	
Infants < 1 year old	24,508	69.1		0.5	30.4	
Children 1 to 22 years old	134,867	47.0		2.0	51.0	
Children with Special Healthcare Needs	9,913	54.8	5.8	29.6	9.8	0.0
Others	97,308	23.5		6.0	70.5	
TOTAL	279,553					

FORM NOTES FOR FORM 7

Data included from CDP Report Number 1754 - Central Data Processing

Local Health Department Service Information - Unduplicated Patient by Payor Code, Age and Cost Center. Data from 7/1/2003 to 5/31/2004

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: PregWomen_TS
Row Name: Pregnant Women
Column Name: Title V Total Served
Year: 2005
Field Note:
Cost Center 803 - Maternity

2. **Section Number:** Main
Field Name: PregWomen_XIX
Row Name: Pregnant Women
Column Name: Title XIX %
Year: 2005
Field Note:
Includes Medicaid and KCHIP

3. **Section Number:** Main
Field Name: Children_0_1_TS
Row Name: Infants <1 year of age
Column Name: Title V Total Served
Year: 2005
Field Note:
Cost Center 800 Pediatric Preventive

Data included from CDP Report Number 1754 - Central Data Processing

Local Health Department Service Information - Unduplicated Patient by Payor Code, Age and Cost Center. Data from 7/1/2003 to 5/31/2004

Data on this form does not fall within the 10% range of population totals for children <1 years of age on forms 6 and 8 because the majority of Title V Funding is allocated directly to local health departments for programs and services. The data provided is an actual accounting of the services provided with Title V funding to Kentucky's population.

4. **Section Number:** Main
Field Name: Children_0_1_XIX
Row Name: Infants <1 year of age
Column Name: Title XIX %
Year: 2005
Field Note:
Includes Medicaid and KCHIP

5. **Section Number:** Main
Field Name: Children_1_22_TS
Row Name: Children 1 to 22 years of age
Column Name: Title V Total Served
Year: 2005
Field Note:
Cost Center 800 Pediatric Preventive
Data available for children age 1 to 20 years of age.

6. **Section Number:** Main
Field Name: Children_1_22_XIX
Row Name: Children 1 to 22 years of age
Column Name: Title XIX %
Year: 2005
Field Note:
Includes Medicaid and KCHIP
Data available for children age 1 to 20 years of age.

7. **Section Number:** Main
Field Name: Children_1_22_Private
Row Name: Children 1 to 22 years of age
Column Name: Private/Other %
Year: 2005
Field Note:
Data available for children age 1 to 20 years of age.

8. **Section Number:** Main
Field Name: Children_1_22_None
Row Name: Children 1 to 22 years of age
Column Name: None %
Year: 2005
Field Note:
Data available for children age 1 to 20 years of age.

9. **Section Number:** Main
Field Name: CSHCN_TS
Row Name: Children with Special Health Care Needs
Column Name: Title V Total Served
Year: 2005
Field Note:
Due to a rounding error the percentage exceeds 100% of the total number served in column A

10. **Section Number:** Main
Field Name: CSHCN_Private
Row Name: Children with Special Health Care Needs
Column Name: Private/Other %
Year: 2005
Field Note:
Includes families with Private Insurance and Medicaid coverage.

11. **Section Number:** Main
Field Name: AllOthers_TS
Row Name: Others
Column Name: Title V Total Served
Year: 2005
Field Note:
Cost Center 802 - Family Planning

12. **Section Number:** Main
Field Name: AllOthers_XIX
Row Name: Others
Column Name: Title XIX %
Year: 2005
Field Note:
Includes Medicaid and KCHIP

FORM 8
DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE
XIX
(BY RACE AND ETHNICITY)
[SEC. 506(A)(2)(C-D)]
STATE: KY

Reporting Year: 2002

I. UNDUPLICATED COUNT BY RACE

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
DELIVERIES								
Total Deliveries in State	54,328	48,375	4,976	102	776	4	0	95
Title V Served	14,320	10,940	1,500	58	196	0	0	1,626
Eligible for Title XIX	8,803							8,803
INFANTS								
Total Infants in State	53,235	46,616	4,797					1,822
Title V Served	24,133	21,217	1,549	25	200	0	0	1,142
Eligible for Title XIX	16,941							16,941

II. UNDUPLICATED COUNT BY ETHNICITY

				HISPANIC OR LATINO (Sub-categories by country or area of origin)				
	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
DELIVERIES								
Total Deliveries in State	52,673	1,626	29	1,190	74	107	213	42
Title V Served	12,694	1,626	0					1,626
Eligible for Title XIX			8,803					
INFANTS								
Total Infants in State	52,059	1,176						
Title V Served	22,991	1,142						1,142
Eligible for Title XIX	0	0	16,941	0	0	0	0	0

FORM NOTES FOR FORM 8

Portions of this report is difficult for Kentucky to complete. Particularly, numbers served by Title V and Medicaid recipients by race/ethnicity. While we are working more closely with our partners in Medicaid, payor information is currently not available on our birth certificates. We hope that linked files will help us to work toward more accurate completion of this form.

Information supplied has been extrapolated from CDP Reports 135 and 1754. Lorie Chesnut 6/04

FIELD LEVEL NOTES

- 1. Section Number:** I. Unduplicated Count By Race
Field Name: DeliveriesTitleV_All
Row Name: Title V Served
Column Name: Total All Races
Year: 2005
Field Note:
Data based on FY03 CDP, Report # 135 for actual unduplicated patients seen by local health departments. Data for this category includes Maternity (CC 803) and includes only unduplicated patient counts for women.
- 2. Section Number:** I. Unduplicated Count By Race
Field Name: DeliveriesTitleV_RaceOther
Row Name: Title V Served
Column Name: Other and Unknown
Year: 2005
Field Note:
From CDP report # 135. Data included under CC 803 - Maternity. Women's services only included. Hispanic is included under "other" in this first table.
- 3. Section Number:** I. Unduplicated Count By Race
Field Name: DeliveriesTitleXIX_RaceOther
Row Name: Eligible for Title XIX
Column Name: Other and Unknown
Year: 2005
Field Note:
Total of 8,803 from CDP Report 1754 - total (unduplicated) pregnant women who were served by LHDs during 2002 who were covered by either Medicaid or KCHIP. Cost Center 803. Report 1754 does not provide a racial/ethnic breakdown for patients. LWC 6/04
- 4. Section Number:** I. Unduplicated Count By Race
Field Name: InfantsTotal_All
Row Name: Total Infants in State
Column Name: Total All Races
Year: 2005
Field Note:
Checking on this number. LWC 6/04
- 5. Section Number:** I. Unduplicated Count By Race
Field Name: InfantsTitleV_All
Row Name: Title V Served
Column Name: Total All Races
Year: 2005
Field Note:
Data based on CDP Report # 135 Pediatrics-Preventative. This data records actual unduplicated patient counts for those using local health department services. Data for FY2003
- 6. Section Number:** I. Unduplicated Count By Race
Field Name: InfantsTitleXIX_RaceOther
Row Name: Eligible for Title XIX
Column Name: Other and Unknown
Year: 2005
Field Note:
Total of 16,941 from CDP Report 1754 - total (unduplicated) children under the age of 1 who were served by LHDs during 2002 who were covered by either Medicaid or KCHIP. Report 1754 does not provide a racial/ethnic breakdown for patients. Cost Center 800 - Pediatrics Preventative Services. LWC 6/04
- 7. Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleXIX_TotalNotHispanic
Row Name: Eligible for Title XIX
Column Name: Total Not Hispanic or Latino
Year: 2005
Field Note:
Kentucky does not currently have a report developed to complete this data. No payor information is included on birth certificates. The majority of births in Kentucky are not of Hispanic ethnicity.
- 8. Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTotal_TotalHispanic
Row Name: Total Infants in State
Column Name: Total Hispanic or Latino
Year: 2005
Field Note:
Total infants in state is derived from population estimates for KY and specific ethnic categories are not calculated for those estimates. Total deliveries in state is based on the total number of live births and stillbirths for KY residents for the reporting year.

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: KY

	FY 2005	FY 2004	FY 2003	FY 2002	FY 2001
1. State MCH Toll-Free "Hotline" Telephone Number	<u>(800) 462-6122</u>	<u>(800) 462-6122</u>	<u>(800) 462-6122</u>	<u>(800) 462-6122</u>	<u>(800) 462-6122</u>
2. State MCH Toll-Free "Hotline" Name	Adult and Child Health Toll Free Line	Adult and Child Health Toll Free Line	Adult and Child Health Toll Free Line	Adult and Child Health Toll Free Line	Adult and Child Health Toll Free Line
3. Name of Contact Person for State MCH "Hotline"	<u>Linda Lancaster</u>	<u>Linda Lancaster</u>	<u>Lorie Chesnut</u>	<u>Lorie Chesnut</u>	<u>Lorie Chesnut</u>
4. Contact Person's Telephone Number	<u>(502) 564-2154</u>	<u>(502) 564-2154</u>	<u>(502) 564-2154</u>	<u>(502) 564-2154</u>	<u>(502) 564-2154</u>
5. Number of calls received on the State MCH "Hotline" this reporting period			<u>1,533</u>	<u>1,530</u>	<u>1,274</u>

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM (OPTIONAL)
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: KY

	FY 2005	FY 2004	FY 2003	FY 2002	FY 2001
1. State MCH Toll-Free "Hotline" Telephone Number	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
2. State MCH Toll-Free "Hotline" Name					
3. Name of Contact Person for State MCH "Hotline"	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
4. Contact Person's Telephone Number	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
5. Number of calls received on the State MCH "Hotline" this reporting period	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

FORM NOTES FOR FORM 9
None
FIELD LEVEL NOTES
None

FORM 10
TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT
STATE PROFILE FOR FY 2005
[SEC. 506(A)(1)]
STATE: KY

1. State MCH Administration:
(max 2500 characters)

The Kentucky Department for Public Health administers the Title V programs, with 34.9% of it going for children with special health care needs. Other important services include well child, prenatal, family planning, teen pregnancy prevention, nutrition, core health education, home visitation, genetics, metabolic services and lead poisoning prevention.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 12,144,971
3. Unobligated balance (Line 2, Form 2)	\$ 0
4. State Funds (Line 3, Form 2)	\$ 44,820,066
5. Local MCH Funds (Line 4, Form 2)	\$ 0
6. Other Funds (Line 5, Form 2)	\$ 40,000
7. Program Income (Line 6, Form 2)	\$ 0
8. Total Federal-State Partnership (Line 8, Form 2)	\$ 57,005,037

9. Most significant providers receiving MCH funds:

Local Health Departments
University of Kentucky
University of Louisville

10. Individuals served by the Title V Program (Col. A, Form 7)

a. Pregnant Women	12,957
b. Infants < 1 year old	24,508
c. Children 1 to 22 years old	134,867
d. CSHCN	9,913
e. Others	97,308

11. Statewide Initiatives and Partnerships:

a. Direct Medical Care and Enabling Services:

(max 2500 characters)

-Well child preventive health services which are of a clinically preventive nature.-Pregnancy prevention projects and prenatal care for low income women not eligible for Medicaid.-The KY Services for Children and Youth Services Directory was updated in 1999 & distributed to SSA & CSHCN offices statewide. A resource informational letter continues to be provided for all families who receive denial notices or cessation of benefits notices for SSI.-CCSHCN conducted a 5 year assessment in collaboration with 2 statewide family advocacy organizations gaining input from providers, families, enrollees and those meeting the broad federal definition of cshcn via family focus groups and surveys.-CCSHCN began implementation of the KY Teach Project to develop and implement statewide systems changes to build transition objectives into programming for cshcn.

b. Population-Based Services:

(max 2500 characters)

-Metabolic testing of all newborns-Fluoridation of water in all communities.-Lead screening services-Poison control, injury prevention, Child Fatality Review, Grief Counseling services, Healthy Start in Child Care, Folic Acid Awareness Campaign, Home Visitation Services.-Newborn Hearing Screening-The CSHCN was the key collaborator in a statewide initiative to include Universal Newborn Hearing Screening in the Governor's legislation to establish a statewide system of Early Childhood Services.

c. Infrastructure Building Services:

(max 2500 characters)

-Capacity building services with universities.-Laboratory Services-Data capacity development.-Commission staff continued to work with Medicaid Managed care health plans to assure the benefits of coordinated care and quality standards of care for children with special health care needs.-The Commission hired a consultant to assist with development of a custom computer program that will enable the agency to collect and analyze patient data for program monitoring and development.

12. The primary Title V Program contact person:

Name	James S. Davis, M.D.
Title	Director
Address	Division of Adult & Child Health275 East Main Street
City	Frankfort
State	KY
Zip	40621
Phone	(502) 564-4830

13. The children with special health care needs (CSHCN) contact person:

Name	Theresa Glore, MS
Title	Executive Staff Assistant
Address	Commission for Children with Special Health Care Needs
City	Louisville
State	KY
Zip	40217
Phone	(502) 595-4459 ext. 317

Fax (502) 564-8389

Email steve.davis@ky.gov

Web

Fax (502) 595-4673

Email theresa.glore@ky.gov

Web

FORM NOTES FOR FORM 10

None

FIELD LEVEL NOTES

None

FORM 11
TRACKING PERFORMANCE MEASURES
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]
STATE: KY

PERFORMANCE MEASURE # 01

The percent of newborns who are screened and confirmed with condition(s) mandated by their State-sponsored newborn screening programs (e.g. phenylketonuria and hemoglobinopathies) who receive appropriate follow up as defined by their State.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	99.5	99.5	99.5	95	95
Annual Indicator	99.5	99.5	94.6	96.2	96.2
Numerator	52,971	51,413	53,233	53,849	53,849
Denominator	53,238	51,672	56,266	55,990	55,990
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	95.5	96	96.5	97	97
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

PERFORMANCE MEASURE # 02

The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective					61
Annual Indicator				60.9	53.2
Numerator					4,267
Denominator					8,025
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	63	65	67	69	70
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

PERFORMANCE MEASURE # 03

The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

Annual Objective and Performance Data					
	1999	2000	2001	2002	2003
Annual Performance Objective					56
Annual Indicator				55.6	95.3
Numerator					7,951
Denominator					8,344
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	95	95	95	95	95
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 04

The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

Annual Objective and Performance Data					
	1999	2000	2001	2002	2003
Annual Performance Objective					57
Annual Indicator				56.6	64.8
Numerator					6,427
Denominator					9,913
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	64.9	65	65	65	65
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 05

Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

Annual Objective and Performance Data					
	1999	2000	2001	2002	2003
Annual Performance Objective					
Annual Indicator				74.9	76.9
Numerator					6,170
Denominator					8,025
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	77	78	79	80	81
Annual Indicator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Numerator					
Denominator					

PERFORMANCE MEASURE # 06

The percentage of youth with special health care needs who received the services necessary to make transition to all aspects of adult life. (CSHCN Survey)

Annual Objective and Performance Data					
	1999	2000	2001	2002	2003
Annual Performance Objective	_____	_____	_____	_____	10
Annual Indicator	_____	_____	_____	5.8	28.3
Numerator	_____	_____	_____	_____	503
Denominator	_____	_____	_____	_____	1,779
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	<u>50</u>	<u>51</u>	<u>52</u>	<u>53</u>	<u>54</u>
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

PERFORMANCE MEASURE # 07

Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	81	83	80	76	77
Annual Indicator	79.9	81.8	75.9	72.3	
Numerator	41,096	43,495	40,358	35,842	
Denominator	51,435	53,173	53,173	49,575	
Is the Data Provisional or Final?				Final	

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	77	76	76	76	76
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 08

The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	34.5	34	29	28.9	29
Annual Indicator	30.2	29.1	25.2	24.9	24.9
Numerator	2,516	2,401	2,211	2,054	2,054
Denominator	83,194	82,452	87,743	82,452	82,452
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	29	28	28	27	27
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 09

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	20	25	30	30	32
Annual Indicator	20.0	21.7	29.0	29.0	29.0
Numerator	11,027	13,000	16,201	14,997	14,997
Denominator	55,137	60,000	55,868	51,715	51,715
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	35	37	40	42	45
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 10

The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	7	6.7	6	6	5.9
Annual Indicator	5.8	6.4	5.3	3.9	3.9
Numerator	43	49	44	30	30
Denominator	740,522	771,484	822,878	770,240	770,240
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	5.9	5.8	5.8	5.8	5.7
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 11

Percentage of mothers who breastfeed their infants at hospital discharge.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	53	54	55	55	56
Annual Indicator	53.6	54.2	55.2	56.5	56.5
Numerator	28,498	26,521	27,600	31,075	31,075
Denominator	53,216	48,931	50,000	55,000	55,000
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	56	57	57	59	59
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 12

Percentage of newborns who have been screened for hearing before hospital discharge.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	47	75	80	98	98
Annual Indicator	54.8	74.4	90.1	98.9	99.3
Numerator	29,137	38,428	45,799	49,233	50,643
Denominator	53,216	51,672	50,827	49,783	51,008
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	99	99	99	99	99
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 13

Percent of children without health insurance.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	10	9	8	7	6
Annual Indicator	9.9	9.9	6.9	6.5	6.5
Numerator	101,000	98,486	72,907	67,470	67,470
Denominator	1,024,272	994,818	1,049,353	1,038,000	1,038,000
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	6	6	6	6	6
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 14

Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	61.5	62.5	63.5	64.5	76
Annual Indicator	82.9	68.1	77.2	75.4	90.7
Numerator	421,321	264,663	328,829	321,036	390,982
Denominator	508,000	388,631	425,820	425,931	430,870
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	90	90	90	90	90
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 15

The percent of very low birth weight infants among all live births.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	1.3	1.2	1.5	1.3	1.3
Annual Indicator	1.5	1.5	1.5	1.7	1.7
Numerator	810	858	812	902	902
Denominator	53,216	55,969	54,114	53,956	53,956
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	1.3	1.3	1.3	1.2	1.2
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 16

The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	8.4	8.3	8.6	8.5	8.3
Annual Indicator	7.5	8.7	6.1	6.8	6.8
Numerator	22	25	18	19	19
Denominator	294,966	289,004	296,014	278,886	278,886
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	8	7.9	7.9	7.9	7.8
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 17

Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	67	69	60	60	60
Annual Indicator	62.8	51.7	59.9	68.0	68.0
Numerator	432	444	585	613	613
Denominator	688	858	976	902	902
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	61	64	66	66	67
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 18

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	85.5	86	86.5	87	85.8
Annual Indicator	85.6	85.7	85.6	85.7	85.7
Numerator	45,532	47,960	46,321	46,267	46,267
Denominator	53,216	55,969	54,114	53,956	53,956
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	85.9	86	87	87	87
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 1

Percent of women of childbearing age taking folic acid regularly.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	40.0	45	47	45	45
Annual Indicator	40.6	41.7	39.6	40.4	0
Numerator	312,790	320,248	316,816	321,823	
Denominator	770,420	767,983	800,042	797,075	
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	45	45	45	45	45
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 2

Percent of counties with comprehensive child safety education and injury prevention programs in place.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	15.0	85	90.0	90.0	85
Annual Indicator	75.8	89.2	92.5	80.8	80.8
Numerator	91	107	111	97	97
Denominator	120	120	120	120	120
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	90	95	98	98	98
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 4

Rate of substantiated incidence of child abuse, neglect, or dependency.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	27.0	26.0	20	19	17
Annual Indicator	22.5	21.9	19.9	18.3	17.7
Numerator	21,742	21,742	19,767	17,007	16,468
Denominator	965,453	994,818	994,818	931,588	931,588
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	16	15	15	14	14
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 5

Number of families receiving support services/parenting assistance through the HANDS (Health Access Nurturing Development Services) home visiting support program.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	400	2,500	3,778	7,378	8,500
Annual Indicator	400	2,866	3,873	6,643	8,789
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	8,500	10,500	10,500	10,500	10,500
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 6

Percent of children with inappropriate weight for height.

Annual Objective and Performance Data					
	1999	2000	2001	2002	2003
Annual Performance Objective	12	11	10	13	21.9
Annual Indicator	19.7	19.6	19.9	21.4	
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	22.5	23.1	23	22.8	22.8
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 7

Percent of counties who review child deaths with a local multidisciplinary investigation team.

Annual Objective and Performance Data					
	1999	2000	2001	2002	2003
Annual Performance Objective	35.0	40.0	50	55	75
Annual Indicator	30.8	49.2	52.5	52.5	75.0
Numerator	37	59	63	63	90
Denominator	120	120	120	120	120
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	85	90	95	95	100
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 12

Percentage of Medicaid enrolled members ages 0 through 21 who were continuously enrolled during the reporting year and who had at least one dental visit during the reporting year.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	15	18	20	40	40
Annual Indicator	14.2	17.5	34.6	40.1	42.4
Numerator	54,497	73,936	153,660	88,108	87,763
Denominator	382,674	421,321	444,478	219,519	206,980
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	42	42	42	45	45
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

STATE PERFORMANCE MEASURE # 13

The proportion of young people who have smoked cigarettes within the past 30 days.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	45	43	33	33	33
Annual Indicator	41.5	37.0	33	34	32.7
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	32	32	31	30	30
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

FORM NOTES FOR FORM 11

None

FIELD LEVEL NOTES

1. **Section Number:** Performance Measure #2

Field Name: PM02

Row Name:

Column Name:

Year: 2005

Field Note:

For the report due on July 15, 2004, the denominator reflects those children 0-21 enrolled in Kentucky's CSHCN program receiving medical services; this program does not provide services to the larger number of children that could be identified in the state using MCHB's broader definition of CSHCN. The numerator reflects those patients 0-21 receiving medical services whose families have participated with their treatment team in identifying and resolving issues related to the patient's health and independence. This number is expected to increase as the requirement for staff to enter this information electronically was initiated during FY 2003.

2. **Section Number:** Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2005

Field Note:

For the report due on July 15, 2004, the denominator reflects those children 0-21 enrolled in Kentucky's CSHCN program receiving ongoing services; this program does not provide services to the larger number of children that could be identified in the state using MCHB's broader definition of CSHCN. The numerator reflects patients 0-21 receiving ongoing services who have identified a health care provider whom they see for their primary care.

3. **Section Number:** Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2005

Field Note:

For the report due on July 15, 2004, the denominator reflects those children 0-21 who accessed services through Kentucky's CSHCN program; this program does not provide services to the larger number of children that could be identified in the state using MCHB's broader definition of CSHCN. The numerator reflects those children 0-21 accessing services who have Medicaid insurance, with and without private insurance, since they could access their required care without being enrolled in the CSHCN program.

4. **Section Number:** Performance Measure #5

Field Name: PM05

Row Name:

Column Name:

Year: 2005

Field Note:

For the report due on July 15, 2004, the denominator reflects those children 0-21 enrolled in Kentucky's CSHCN program receiving medical services; this program does not provide services to the larger number of children that could be identified in the state using MCHB's broader definition of CSHCN. The numerator reflects those patients 0-21 receiving medical services whose families receive ongoing care coordination assistance with accessing community resources and additional specialty health care. This number is expected to increase as the requirement for staff to enter this information electronically was initiated during FY 2003.

5. **Section Number:** Performance Measure #6

Field Name: PM06

Row Name:

Column Name:

Year: 2005

Field Note:

For the report due on July 15, 2004, the denominator reflects those youth 15-21 enrolled in Kentucky's CSHCN program receiving medical services; this program does not provide services to the larger number of youth that could be identified in the state using MCHB's broader definition of CSHCN. The numerator reflects those patients 15-21 receiving medical services who have discussed plans for accessing adult health care providers (primary, specialty, dental, DME, pharmacy, therapy, and mental health). This number is expected to increase as the requirement for staff to enter this information electronically was initiated during FY 2003.

6. **Section Number:** Performance Measure #7

Field Name: PM07

Row Name:

Column Name:

Year: 2005

Field Note:

Data from CDC NIP Survey
Calendar Year 2002 72.3% +/- 6.4% CI

Victor Negron, Contact
Kentucky Immunizations Program

7. **Section Number:** Performance Measure #9

Field Name: PM09

Row Name:

Column Name:

Year: 2005

Field Note:

Oral Health Staff expect this performance measure to be accurately measured in future years with the development of the Children's Oral Health Surveillance System which will provide ongoing data to track the status of children's oral health within Kentucky.

8. **Section Number:** Performance Measure #12

Field Name: PM12

Row Name:

Column Name:

Year: 2005

Field Note:

For the report due on July 15, 2004, the denominator does not reflect total number of live births in Kentucky. The number reflects the total number of newborn hearing screening reports received from those hospitals mandated to provide a report on all newborns prior to discharge during the 2003 calendar year. Kentucky regulations require only those hospitals that have at least 40 births per year to perform and report newborn hearing screenings. This means infants born at home or in a non-reporting hospital are not mandated to be screened. It is not anticipated that the performance indicator will rise above 99% for those newborns who are required to be screened due to some families choosing not to have the screening and more frequently because hospital screening equipment may not be functioning prior to the infant's discharge. If the newborns that are not required to be screened are included in the denominator, the target performance indicator is not expected to exceed 94%. Between 1999 and 2003, hearing screening reports were provided for an average of 89.96% of all live births; the percentage in 2002 was 91.52% and the provisional percentage in 2003 was 93.71% of all live births.

9. **Section Number:** Performance Measure #13
Field Name: PM13
Row Name:
Column Name:
Year: 2005
Field Note:
Data supplied by the U.S. Census Bureau Report
- "Low Income Uninsured Children by State: 2000, 2001, and 2002".
- <http://www.census.gov/hhes/hlthins/liuc02.html>
- Data for 2003 is estimated because no Kentucky population projections are available as of 5/04.
10. **Section Number:** State Performance Measure #1
Field Name: SM1
Row Name:
Column Name:
Year: 2005
Field Note:
There is no data on folic acid consumption for 2002 as it was not included on Kentucky's Behavioral Risk Factor Survey. It is on for 2003 and we will be able to complete that next during the next Title V submission. Lorie Chesnut
11. **Section Number:** State Performance Measure #2
Field Name: SM2
Row Name:
Column Name:
Year: 2005
Field Note:
"Comprehensive" means that each county must implement various safety programs based on the unique needs of the community. These may include, but are not limited to, Safe Communities, Safe Sitters, Risk Watch, Buckle Up and CPR.
12. **Section Number:** State Performance Measure #4
Field Name: SM4
Row Name:
Column Name:
Year: 2005
Field Note:
Denominator Data is Population Estimates from 2002 - Kentucky State Data Center
- Neglect/Abuse Data from Mary Glasscock (CHFS OIT DAB)
13. **Section Number:** State Performance Measure #5
Field Name: SM5
Row Name:
Column Name:
Year: 2005
Field Note:
ECS Total in only.
14. **Section Number:** State Performance Measure #6
Field Name: SM6
Row Name:
Column Name:
Year: 2005
Field Note:
Kentucky Pediatric Nutrition Surveillance Data for each year:
- 1999 13.3 Overweight and 6.4 Underweight
2000 13.4 Overweight and 6.2 Underweight
2001 14.1 Overweight and 5.8 Underweight
2002 16.8 Overweight and 4.6 Underweight
- Source: Nutrition Services Branch (Emma Walters, primary contact).
- Note: Projected totals for future years are based on realistic assumptions regarding the health problem that Kentucky faces with obesity in our youth. We hope that our estimates are proved wrong and that numbers decline more quickly for future years. The many partners working toward this goal remain optimistic but chose to project cautiously into the future.
15. **Section Number:** State Performance Measure #7
Field Name: SM7
Row Name:
Column Name:
Year: 2005
Field Note:
County teams, in order to be included within this performance measure, must meet face-to-face to review child deaths; at least twice per year.
16. **Section Number:** State Performance Measure #13
Field Name: SM13
Row Name:
Column Name:
Year: 2005
Field Note:
Kentucky YBRS is only done every other year. We hope to find other vehicles in which we can answer this measure annually.

FORM 12
TRACKING HEALTH OUTCOME MEASURES
[SECS 505 (A)(2)(B)(iii) AND 506 (A)(2)(A)(iii)]
STATE: KY

OUTCOME MEASURE # 01

The infant mortality rate per 1,000 live births.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	7	6.9	6.6	6.6	6.5
Annual Indicator	7.1	6.7	5.9	7.0	7.0
Numerator	385	377	318	376	376
Denominator	54,492	55,969	54,114	53,956	53,956
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	6.5	6.4	6.4	6.4	6.3
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 02

The ratio of the black infant mortality rate to the white infant mortality rate.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	1.58	1.57	1.9	1.9	1.8
Annual Indicator	1.9	2.0	1.9	2.2	2.2
Numerator	12.3	12.9	10.7	13.8	13.8
Denominator	6.6	6.3	5.5	6.2	6.2
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	1.8	1.7	1.7	1.7	1.7
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 03

The neonatal mortality rate per 1,000 live births.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	4.4	4.3	4	4	3.9
Annual Indicator	4.6	4.1	3.6	4.1	4.1
Numerator	248	231	195	219	219
Denominator	54,490	55,969	54,114	53,956	53,956
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	3.9	3.8	3.5	3.5	3.5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 04

The postneonatal mortality rate per 1,000 live births.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	2.6	2.58	2	2	1.9
Annual Indicator	2.6	2.6	2.3	3.0	3.0
Numerator	137	145	124	162	162
Denominator	53,216	55,979	54,114	53,956	53,956
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	1.9	1.8	1.8	1.8	1.8
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 05

The perinatal mortality rate per 1,000 live births plus fetal deaths.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	10	9.9	9	9	8.9
Annual Indicator	10.0	9.1	9.7	9.6	9.6
Numerator	537	509	520	519	519
Denominator	53,567	55,969	53,832	53,956	53,956
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	8.9	8.8	8.8	8.8	8.7
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 06

The child death rate per 100,000 children aged 1 through 14.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	27	26.8	21.5	21.3	20.9
Annual Indicator	23.4	21.9	25.3	24.0	24.0
Numerator	173	169	195	172	172
Denominator	740,522	771,484	771,484	717,005	717,005
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	20.6	20.3	20	20	20
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

FORM NOTES FOR FORM 12

None

FIELD LEVEL NOTES

None

FORM 13
CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS
STATE: KY

1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate.

1

2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.

1

3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process.

2

4. Family members are involved in service training of CSHCN staff and providers.

1

5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).

3

6. Family members of diverse cultures are involved in all of the above activities.

1

Total Score: 9

Rating Key

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

FORM NOTES FOR FORM 13

Completion of Form 13 for the 2005 Block Grant was done exclusively by the Commission's parent coordinator and KY-SPIN, the state's federally funded Parent Training and Information grantee. No executive staff participated in the completion of this form.

FIELD LEVEL NOTES

1. Section Number: Main

Field Name: Question1

Row Name: #1. Family members participate on advisory committee or task forces...

Column Name:

Year: 2005

Field Note:

This form was completed by the Commission's parent coordinator and a representative from the state's federally funded Parent Training Information grantee (KY-SPIN). Commission executive staff do not participate in the completion of this form.

With this said, the Commission would like to note that two parents of children with special health care needs and a young adult who is a former Commission patient serve on the seven-member Board of Commissioners. Family members also serve on the Commission's Hemophilia Advisory Committee.

Due to budgetary limitations, the Commission had to cancel contracts with two parent support organizations in FY 04. Parent support, however, continued to be elicited and supported throughout the agency. In addition to the parent coordinator who represents a family perspective, the Commission enlisted and financially supported the participation of KY-SPIN as a co-convenor and project coordinator for a one-stop planning grant from the Administration for Developmental Disabilities.

During its tenure as administrator of the state IDEA, Part C early intervention program (through February 29, 2004), the Commission funded part-time parent coordinators in each of the program's eight technical assistance regions. The Commission also provided a \$4000 grant from state general funds to each of the state's District Early Intervention Councils (DEIC) to support family participation on the DEIC, including scholarships and stipends for parent participation in conferences, workshops, etc. The Commission is applying in August 2004 for a grant from the Champions for Progress to support parent/family participation at all levels of decision-making, including the payment of stipends, travel & lodging, respite/child care, etc.

2. Section Number: Main

Field Name: Question2

Row Name: #2. Financial support (...) is offered for parent activities or parent groups.

Column Name:

Year: 2005

Field Note:

See notes to item 1. Additionally, a state implementation grant for fiscal years 2005-2009 has been submitted to the Administration for Developmental Disabilities. It includes a request for funds to expand funding to the statewide parent group, KY-SPIN.

The Commission has submitted an application for a Champions for Progress Grant to support parent/family participation at all levels of decision-making, including the payment of stipends, travel & lodging, respite, child care, etc.

3. Section Number: Main

Field Name: Question3

Row Name: #3. Family members are involved in the Children with Special Health Care Needs...

Column Name:

Year: 2005

Field Note:

Form 13 "Characteristics Documenting Family Participation in CSHCN Programs" was completed by the Commission parent coordinator and KY-SPIN, the state's Parent Training Information grantee.

The Commission's Board, which includes the parents of two children with special health care needs, are charged under state statute with advocating for the rights of children with disabilities, and, to the extent that funds are available, providing services and facilities for children with special health care needs as the Board deems appropriate. This includes services and programs funded with the MCH Title V Block Grant.

A concerted effort will be employed by Commission staff to identify not only parents/families of children and youth enrolled in the Commission, but also parents/families of other children and youth with special health care needs for participation during the MCH Title V five-year needs assessment.

4. Section Number: Main

Field Name: Question4

Row Name: #4. Family members are involved in service training of CSHCN staff and providers.

Column Name:

Year: 2005

Field Note:

Parent support groups and Commission staff who are themselves parents of children and youth with special health care needs participate in the development and implementation of in-service training.

The Commission's parent coordinator, who is the parent of a child with a special health care needs, participates in the identification of staff training needs and development/acquisition of training. During State Fiscal Year 2004, the Commission partnered with KY-SPIN to present an in-service training on guardianship, wills, trusts, and estates. Family members were invited to attend the training along with staff.

5. Section Number: Main

Field Name: Question5

Row Name: #5. Family members hired as paid staff or consultants to the State CSHCN program...

Column Name:

Year: 2005

Field Note:

In addition to the parent consultant position on the CSHCN central-office staff, the Commission developed a Family Support 360 grant from the Administration for Developmental Disabilities. The grant, which was funded, provides financial support to KY-SPIN for the salary of 1.0FTE program coordinator and .5FTE administrative support staff to ensure parent participation in the planning and development of a transition and self-determination resource center for CYSHCN and their families in the Neighborhood Place one-stop centers.

In addition to the Commission's parent coordinator, the Commission's public information and communications officer is the parent of a child with special health care needs who is enrolled in the Commission's Title V program.

The Commission is contracting with a parent of children with special health care needs to coordinate parent participation in the Eastern and Central Kentucky regions during the MCHB Title V needs assessment. She will also assist the Commission to identify and mentor family leaders for ongoing participation and partnership with the Commission.

6. Section Number: Main

Field Name: Question6

Row Name: #6. Family members of diverse cultures are involved in all of the above activities

Column Name:

Year: 2005

Field Note:

Family participation by representatives of diverse cultures and ethnicities is not at the desired level. This is an area, along with cultural competency, that has been identified as a priority at all levels.

FORM 14
LIST OF MCH PRIORITY NEEDS

[Sec. 505(a)(5)]

STATE: KY FY: 2005

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase, list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women, " and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

1. Reduce the percent of children with inappropriate weight for height.
2. Increase the percentage of families receiving home visiting support through early childhood development.
3. Reduce the proportion of Kentucky's maternal and child population who smoke.
4. Assure early identification and access to care for children with special health care and developmental needs.
5. Increase the percent of women of childbearing age taking folic acid regularly.
6. Increase the percentage of Medicaid enrolled members ages 0 through 21 who were continuously enrolled.
7. Reduce the rate of substantiated incidence of child abuse, neglect or dependency.
8. Increase the percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home.
9. Increase the percent of counties with local multidisciplinary investigation teams to review child death causes.
10. Increase the knowledge and skills of families, children, and youth to successfully transition at key milestones along the continuum of growth and development.

FORM NOTES FOR FORM 14

None

FIELD LEVEL NOTES

None

FORM 15
TECHNICAL ASSISTANCE(TA) REQUEST

STATE: KY

APPLICATION YEAR: 2005

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested (max 250 characters)	Reason(s) Why Assistance Is Needed (max 250 characters)	What State, Organization or Individual Would You suggest Provide the TA (if known) (max 250 characters)
1.	National Performance Measure Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>2</u>	Training & assistance regarding cultural & linguistic competency	Plan to administer the Center's self-assessment questionnaire in our state and district offices in conjunction with the 5-yr MCH needs assessment	National Center for Cultural Competency
2.	Data-related Issues - Data Systems Development If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>N/A</u>	Data Linkage Assistance to comply with Form 19	While ability to link data sets (in SAS) exists, not available for use by applicable program staff. Unable to complete linkages required by Form 18 - Vital/Medicaid Linkage	Dr. Milton Kotelchuck, Massachusetts. Currently in discussion with the PELL team there, which is a state/university partnership, similar to what Kentucky will have with the University of Louisville.
3.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
4.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
5.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this			

	issue pertains by entering the measure number here: _____			
11.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
12.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			

FORM NOTES FOR FORM 15

None

FIELD LEVEL NOTES

None

FORM 16
STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET
STATE: KY

SP # 1

PERFORMANCE MEASURE:

Percent of women of childbearing age taking folic acid regularly.

STATUS:

Active

GOAL

Reduce the occurrence of neural tube defects.

DEFINITION

KBRFS is the Kentucky Behavioral Risk Factor Survey.

Numerator:

Number of women between the ages of 18 and 44 responding "yes" to the KBRFS Folic Acid Module question: "Are any of these a multivitamin" plus the number of women answering "yes" to the question "Do any of the vitamin pills or supplements you take contain folic acid."

Denominator:

Number of women between the ages of 18 and 44 responding to the KBRFS Folic Acid Module questions.

Units: 100 **Text:** percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

The Kentucky Behavioral Risk Factor Survey, Center for Disease Control and Prevention, Folic Acid Module. The Folic Acid Module was deleted from the KBRFS for 1998, due to the inclusion of other categorical questions and need to balance number of survey questions for that year. The Folic Acid Module has been reinstated into the KBRFS for 1999.

SIGNIFICANCE

Studies have demonstrated that consumption of folic acid preconceptionally and during early pregnancy reduces the frequency of neural tube defects by an estimated 50-70 percent. The US Public Health Service recommends to reduce the number of neural tube defects by encouraging all women of childbearing age to consume 0.4 mg or 400 micrograms of folic acid daily.

SP # 2

PERFORMANCE MEASURE:

Percent of counties with comprehensive child safety education and injury prevention programs in place.

STATUS:

Active

GOAL

Reduce child morbidity and mortality related to intentional and unintentional injuries.

DEFINITION

Continuing child safety education and injury prevention programs include age-appropriate counseling on safety precautions to prevent unintentional injuries. The word "comprehensive" safety education has been re-defined as a plan that concentrates solely on unintentional injury and conducts multifaceted injury prevention activities emphasizing problems afflicting high-risk populations in the area. This will be achieved by teaching from curricula for the particular audience and the injury cause such as Safe Communities, Safe Sitters, Risk Watch, Buckle Up, and CPR.

Numerator:

Number of counties that have comprehensive child safety education and prevention activities.

Denominator:

Number of Kentucky counties--(120).

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Program data from the Resource Persons program; Injury Prevention Program, Kentucky Safe Kids Coalition, Kentucky Child Fatality Review Team, Kentucky Injury Prevention and Research Center all have data on existing county child safety education and injury prevention programs. Data will reflect organized, continuing county activities.

SIGNIFICANCE

Injuries are the leading cause of death for children in Kentucky after the first year of life. Any efforts to reduce child deaths and disabilities must incorporate a strong community based effort. Assuring community based efforts will have a positive impact on reducing injuries for children.

SP # 4

PERFORMANCE MEASURE:

Rate of substantiated incidence of child abuse, neglect, or dependency.

STATUS:

Active

GOAL

Decrease the rate of substantiated incidence of child abuse, neglect, or dependency.

DEFINITION

Child abuse, neglect and dependency, as defined by the Kentucky Cabinet for Families and Children, Department for Social Services.

Numerator:

Number of substantiated reports of child abuse, neglect or dependency to children under 18 years of age in Kentucky.

Denominator:

Number of children under the age of 18 in Kentucky.

Units: 1000 **Text:** rate

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Department for Social ServicesHealth Data Branch, Vital StatisticsThe most recent data from 1996. Data and estimates have been revised accordingly to reflect these changes.

SIGNIFICANCE

Recent research has determined that families in today's society face increasing stress due to teen pregnancy, substance abuse, domestic violence, poverty, isolation, unemployment and lack of adequate education. In many cases it is the most vulnerable family member--the child--who may become the target of the parent's anger and frustration. Substantiation of cases of abuse, neglect and/or dependency is the first step to implementing strategies to reduce further incidences.

SP # 5

PERFORMANCE MEASURE:

Number of families receiving support services/parenting assistance through the HANDS (Health Access Nurturing Development Services) home visiting support program.

STATUS:

Active

GOAL

Increase the number of families receiving support services/parenting assistance through implementation of a home visiting support project in participating counties (HANDS).

DEFINITION

Home visiting support services/parenting assistance are provided to enrolled families during pregnancy and until the child is two years of age.

Numerator:

The number of families receiving home visiting support services/parenting assistance in the participating HANDS counties.

Denominator:

No denominator - showing actual number of families.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

HANDS outcome measures data. Current research indicates that approximately 20% of families are considered "at risk" at the time of the birth of a child.

SIGNIFICANCE

Many families in today's society face stresses that make it difficult to cope even under "good" circumstances. Adding one more stress factor (such as history of substance abuse and/or depression, isolation, unemployment, poverty, less than high school education, late or no prenatal care, history of domestic violence), in addition to becoming a new parent, can be overwhelming. Research has shown that providing home visiting support services/parenting assistance to overburdened families close to the birth of their child is successful in reducing levels of physical and emotional abuse and neglect.

SP # 6

PERFORMANCE MEASURE:

Percent of children with inappropriate weight for height.

STATUS:

Active

GOAL

Decrease the percent of children within appropriate weight for height.

DEFINITION

Appropriate weight for height is between the 5th and 95th percentile in weight for height.

Numerator:

The number of children who have a weight for height of below the 5th percentile and the number of children who have a weight for height of above the 95th percentile.

Denominator:

The total number of children with measurements reported to the Centers for Disease Control and Prevention through Pediatric Nutrition Surveillance.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Data Pediatric Nutrition Surveillance

SIGNIFICANCE

National surveys for the last thirty years document a significant increase in obesity among the United States population. Obesity increases the risk for diabetes, heart disease, hypertension, arthritis, and other causes of death and disability. Maintaining appropriate weight for height during childhood can decrease complications of childhood conditions and reduce the risks of developing chronic conditions in adulthood.

SP # 7

PERFORMANCE MEASURE:

Percent of counties who review child deaths with a local multidisciplinary investigation team.

STATUS:

Active

GOAL

Increase the percent of counties undergoing a local child fatality review to identify factors for developing strategies for reducing future child deaths.

DEFINITION

Child death means deaths for children from birth through 17 years of age. Unexpected or unexplained child deaths, as defined by Kentucky Revised Statute.

Numerator:

Number of counties with existing multidisciplinary investigation teams to review unexpected or unexplained child deaths and reporting to the Department for Public Health.

Denominator:

Total number of counties in Kentucky who should have existing multidisciplinary investigation teams to review unexpected or unexplained child deaths and reporting to the Department for Public Health.

Units: 100 **Text:** percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Kentucky Vital Statistics, Death Certificates, 1997 Calendar year Kentucky Coroner Report Forms

SIGNIFICANCE

Each year 700 to 800 Kentucky children under the age of 18 die. Too many die from causes such as motor vehicle collisions, fire burns, drownings, abuse and neglect, and Sudden Infant Death Syndrome, which have associated preventable risk factors. Local multidisciplinary review and data collection can lead to improved information that enhances identification and leads to identification of prevention strategies to reduce the number of future child deaths.

SP # 12

PERFORMANCE MEASURE:

Percentage of Medicaid enrolled members ages 0 through 21 who were continuously enrolled during the reporting year and who had at least one dental visit during the reporting year.

STATUS:

Active

GOAL

To increase access to oral health services for Medicaid-eligible children.

DEFINITION

Numerator:

The number of children in the denominator, ages 0 through 21, who have had one or more dental visits during the reporting year.

Denominator:

All Medicaid members ages 0 through 21 as of December 31st of the reporting year who were members as of December 31 of the reporting year and were continuously enrolled for the reporting year. Members who have had no more than one break in enrollment of up to 45 days during the reporting year should be included in this measure.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Data will be collect through the HCFA reporting system. Information on HCFA dental codes used for this measure are available on pages 92 - 93 of the HEDIS 3.0, Volume 2 - January 1997.

SIGNIFICANCE

The utilization of dental services by Medicaid eligible children has reached a critical level in Kentucky. Many of those children who have services available to them are not using these services. This problem is related to many factors including lack of Medicaid dental providers, inadequate reimbursement rates, client no-shows and a lack of knowledge among parents about the role of preventive care and how to access this benefit.

SP # 13

PERFORMANCE MEASURE:

The proportion of young people who have smoked cigarettes within the past 30 days.

STATUS:

Active

GOAL

Reduce the percent of young people who have smoked during the past 30 days.

DEFINITION

The YRBS was developed by CDC to monitor priority health risk behaviors that contribute to the leading causes of mortality, morbidity and social problems among youth. This measure addresses the YRBS question: During the past 30 days, on how many days did you smoke cigarettes.

Numerator:

Number of students in the 9th-12th grades who responded that they smoked at least one or more days during the past 30 days.

Denominator:

Number of students in the 9th-12th grades who responded to the smoking question.

Units: 100 **Text:** percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

The Kentucky Behavioral Risk Factor Survey. At times the response rate may not be sufficient to guarantee statistical validity and the survey is administered every other year both leading to some concerns about this source of data.

SIGNIFICANCE

The 1997 Youth Risk Behavior Survey states that tobacco use is the single most preventable cause of death in the United States, accounting for more than one of every five deaths. In addition, smoking is related to poor academic performance and the use of alcohol and other drugs.

FORM NOTES FOR FORM 16

None

FIELD LEVEL NOTES

None

FORM 17
HEALTH SYSTEMS CAPACITY INDICATORS
FORMS FOR HSCI 01 THROUGH 04, 07 & 08 - MULTI-YEAR DATA
STATE: KY

HEALTH SYSTEMS CAPACITY MEASURE # 01

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.

	1999	2000	<u>Annual Indicator Data</u>		2003
			2001	2002	
Annual Indicator	57.3	44.9	60.8	60.8	69.2
Numerator	1,494	1,195	1,605	1,644	1,834
Denominator	260,922	265,901	263,792	270,351	264,950
Is the Data Provisional or Final?				Final	Final

HEALTH SYSTEMS CAPACITY MEASURE # 02

The percent Medicaid enrollees whose ages less than one year during the reporting year who received at least one initial periodic screen.

	1999	2000	<u>Annual Indicator Data</u>		2003
			2001	2002	
Annual Indicator	95.0	81.1	91.0	81.3	80.3
Numerator	26,182	22,213	25,629	17,517	23,322
Denominator	27,559	27,386	28,149	21,535	29,045
Is the Data Provisional or Final?				Final	Final

HEALTH SYSTEMS CAPACITY MEASURE # 03

The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

	1999	2000	<u>Annual Indicator Data</u>		2003
			2001	2002	
Annual Indicator	0	40.9	79.0	61.0	83.8
Numerator		110	214	155	228
Denominator		269	271	254	272
Is the Data Provisional or Final?				Final	Final

HEALTH SYSTEMS CAPACITY MEASURE # 04

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

	1999	2000	<u>Annual Indicator Data</u>		2003
			2001	2002	
Annual Indicator	84.7	80.6	85.8	81.2	81.2
Numerator	44,929	44,957	46,438	43,818	43,818
Denominator	53,070	55,786	54,114	53,956	53,956
Is the Data Provisional or Final?				Provisional	Provisional

HEALTH SYSTEMS CAPACITY MEASURE # 07

The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

	Annual Indicator Data				
	1999	2000	2001	2002	2003
Annual Indicator	<u>51.9</u>	<u>52.4</u>	<u>53.5</u>	<u>36.4</u>	<u>43.0</u>
Numerator	<u>28,126</u>	<u>31,691</u>	<u>34,716</u>	<u>21,163</u>	<u>37,066</u>
Denominator	<u>54,164</u>	<u>60,516</u>	<u>64,941</u>	<u>58,117</u>	<u>86,155</u>
Is the Data Provisional or Final?				Final	Final

HEALTH SYSTEMS CAPACITY MEASURE # 08

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

	Annual Indicator Data				
	1999	2000	2001	2002	2003
Annual Indicator	<u>17.1</u>	<u>13.3</u>	<u>15.3</u>	<u>20.3</u>	<u>9.2</u>
Numerator	<u>3,416</u>	<u>2,791</u>	<u>3,138</u>	<u>4,190</u>	<u>1,828</u>
Denominator	<u>20,000</u>	<u>20,990</u>	<u>20,560</u>	<u>20,690</u>	<u>19,888</u>
Is the Data Provisional or Final?				Final	Final

FORM NOTES FOR FORM 17

None

FIELD LEVEL NOTES

1. **Section Number:** Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2005

Field Note:

For the report due on July 15, 2004, the denominator reflects an average number of youth under the age of 16 years old who received SSI during the federal fiscal year of 2003. The only data available from the Social Security Administration (SSA) is a monthly count. The twelve months were averaged to determine the number of recipients. However, the numbers provided from the SSA do not provide any details on how many recipients were receiving benefits for the first time during the month reported and how many were carried over from the month before. It is expected that the denominator is in fact higher than reported, but at this time there is no data available to provide the actual number. The numerator for this measure is significantly lower than in previous years due to the discontinuation of the Disabled Children's Program that provided additional services to this population. The amount of funding available for the services provided, such as purchasing a window air condition unit for a child with asthma, has been significantly reduced and is now only available for services that are medically necessary.

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #05
(MEDICAID AND NON-MEDICAID COMPARISON)
STATE: KY

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) Percent of low birth weight (< 2,500 grams)	2002	Other	<u>0</u>	<u>0</u>	<u>8.6</u>
b) Infant deaths per 1,000 live births	2002	Other	<u>0</u>	<u>0</u>	<u>7</u>
c) Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester	2002	Other	<u>0</u>	<u>0</u>	<u>85.7</u>
d) Percent of pregnant women with adequate prenatal care (observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])	2002	Other	<u>0</u>	<u>0</u>	<u>81.2</u>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06 (MEDICAID ELIGIBILITY LEVEL)
STATE: KY

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL MEDICAID (Valid range: 100-300 percent)
a) Infants (0 to 1)	2003	<u>185</u>
b) Medicaid Children (Age range <u>1</u> to <u>5</u>) (Age range <u>6</u> to <u>18</u>) (Age range <u> </u> to <u> </u>)	2003	<u>133</u> <u>100</u> <u> </u>
c) Pregnant Women	2003	<u>185</u>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06 (SCHIP ELIGIBILITY LEVEL)
STATE: KY

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL SCHIP
a) Infants (0 to 1)	2003	<u>200</u>
b) Medicaid Children (Age range <u>1</u> to <u>18</u>) (Age range <u> </u> to <u> </u>) (Age range <u> </u> to <u> </u>)	2003	<u>200</u> <u> </u> <u> </u>
c) Pregnant Women	2003	<u>200</u>

FORM NOTES FOR FORM 18

None

FIELD LEVEL NOTES

1. **Section Number:** Indicator 05

Field Name: LowBirthWeight

Row Name: Percent of ow birth weight (<2,500 grams)

Column Name:

Year: 2005

Field Note:

Data Source: Kentucky Vital Statistics Files, Live Birth Certificate Files, Year 2002

Medicaid data is not available at this time, therefore, a comparrison between Medicaid/Non-Medicaid cannot be made.

2. **Section Number:** Indicator 05

Field Name: InfantDeath

Row Name: Infant deaths per 1,000 live births

Column Name:

Year: 2005

Field Note:

Data Source: Kentucky Vital Statistics Files, Live Birth Certificate Files, Year 2002

Medicaid data is not available at this time, therefore, a comparrison between Medicaid/Non-Medicaid cannot be made.

3. **Section Number:** Indicator 05

Field Name: CareFirstTrimester

Row Name: Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester

Column Name:

Year: 2005

Field Note:

Data Source: Kentucky Vital Statistics Files, Live Birth Certificate Files, Year 2002

Medicaid data is not available at this time, therefore, a comparrison between Medicaid/Non-Medicaid cannot be made.

4. **Section Number:** Indicator 05

Field Name: AdequateCare

Row Name: Percent of pregnant women with adequate prenatal care

Column Name:

Year: 2005

Field Note:

Data Source: Kentucky Vital Statistics Files, Live Birth Certificate Files, Year 2002

Medicaid data is not available at this time, therefore, a comparrison between Medicaid/Non-Medicaid cannot be made.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: KY

HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)
(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Information)

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
ANNUAL DATA LINKAGES		
Annual linkage of infant birth and infant death certificates	3	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	1	No
Annual linkage of birth certificates and WIC eligibility files	1	No
Annual linkage of birth certificates and newborn screening files	1	No
REGISTRIES AND SURVEYS		
Hospital discharge survey for at least 90% of in-State discharges	3	No
Annual birth defects surveillance system	3	Yes
Survey of recent mothers at least every two years (like PRAMS)	2	Yes

*Where:

1 = No, the MCH agency does not have this ability.

2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.

3 = Yes, the MCH agency always has this ability.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: KY

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	No
Other: Kentucky Behavioral Risk Factor Survey	3	Yes

HEALTH SYSTEMS CAPACITY INDICATOR #09C (Data Capacity) Overweight/Obesity
(The Ability of the State to Determine the Percent of Children Who are Obese or Overweight)

Data Source	Does your state participate in this survey/data source? (Select 1 - 3)*	Does your MCH program have direct access to this electronic database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	2	No
Pediatric Nutrition Surveillance System (PedNSS)	3	No
WIC Program Data	3	Yes
Other: 		

*Where:
1 = No
2 = Yes, the State participates but the sample size is not large enough for valid statewide estimates for this age group.
3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.

Notes:
1. HEALTH SYSTEMS CAPACITY INDICATOR #09B was formerly reported as Developmental Health Status Indicator #05.

FORM NOTES FOR FORM 19

None

FIELD LEVEL NOTES

1. **Section Number:** Indicator 09A
Field Name: RecentMother
Row Name: Survey of recent mothers at least every two years (like PRAMS)
Column Name:
Year: 2005
Field Note:
The Kentucky Behavioral Risk Factor Surveillance System conducted on an annual basis will sometimes have questions related to pregnancies.

FORM 20
HEALTH STATUS INDICATORS #01-#05
MULTI-YEAR DATA
STATE: KY

HEALTH STATUS INDICATOR MEASURE # 01A

The percent of live births weighing less than 2,500 grams.

	1999	2000	<u>Annual Indicator Data</u>		2003
			2001	2002	
Annual Indicator	8.2	8.3	8.2	8.6	8.6
Numerator	4,346	4,634	4,385	4,665	4,665
Denominator	53,216	55,969	53,277	53,956	53,956
Is the Data Provisional or Final?				Provisional	Provisional

HEALTH STATUS INDICATOR MEASURE # 01B

The percent of live singleton births weighing less than 2,500 grams.

	1999	2000	<u>Annual Indicator Data</u>		2003
			2001	2002	
Annual Indicator	6.6	6.7	6.7	6.9	6.9
Numerator	3,395	3,623	3,438	3,579	3,579
Denominator	51,586	54,174	51,694	52,197	52,197
Is the Data Provisional or Final?				Provisional	Provisional

HEALTH STATUS INDICATOR MEASURE # 02A

The percent of live births weighing less than 1,500 grams.

	1999	2000	<u>Annual Indicator Data</u>		2003
			2001	2002	
Annual Indicator	1.5	1.5	1.5	1.7	1.7
Numerator	810	858	782	902	902
Denominator	53,216	55,969	53,277	53,956	53,956
Is the Data Provisional or Final?				Provisional	Provisional

HEALTH STATUS INDICATOR MEASURE # 02B

The percent of live singleton births weighing less than 1,500 grams.

	1999	2000	<u>Annual Indicator Data</u>		2003
			2001	2002	
Annual Indicator	1.2	1.2	1.1	1.2	1.2
Numerator	608	634	575	646	646
Denominator	51,586	54,174	51,694	52,197	52,197
Is the Data Provisional or Final?				Provisional	Provisional

HEALTH STATUS INDICATOR MEASURE # 03A

The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.

	1999	2000	<u>Annual Indicator Data</u>		2003
			2001	2002	
Annual Indicator	12.4	12.5	14.1	10.8	10.8
Numerator	98	103	116	83	83
Denominator	793,145	824,642	824,640	770,240	770,240
Is the Data Provisional or Final?				Provisional	Provisional

HEALTH STATUS INDICATOR MEASURE # 03B

The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.

	1999	2000	<u>Annual Indicator Data</u>		2003
			2001	2002	
Annual Indicator	6.3	6.2	5.3	3.9	3.9
Numerator	50	51	44	30	30
Denominator	793,145	824,640	824,640	770,240	770,240
Is the Data Provisional or Final?				Provisional	Provisional

HEALTH STATUS INDICATOR MEASURE # 03C

The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	1999	2000	<u>Annual Indicator Data</u>		2003
			2001	2002	
Annual Indicator	33.3	40.2	35.8	35.1	35.1
Numerator	192	230	205	204	204
Denominator	576,856	572,036	572,036	580,884	580,884
Is the Data Provisional or Final?				Provisional	Provisional

HEALTH STATUS INDICATOR MEASURE # 04A

The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.

	1999	2000	<u>Annual Indicator Data</u>		2003
			2001	2002	
Annual Indicator	98.3	99.4	139.4	137.2	
Numerator	780	820	1,147	1,137	
Denominator	793,207	824,640	822,878	828,428	
Is the Data Provisional or Final?				Final	

HEALTH STATUS INDICATOR MEASURE # 04B

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.

	1999	2000	<u>Annual Indicator Data</u>		2003
			2001	2002	
Annual Indicator	21.6	18.9	29.7	29.3	
Numerator	171	156	244	243	
Denominator	793,207	824,640	822,878	828,428	
Is the Data Provisional or Final?				Final	

HEALTH STATUS INDICATOR MEASURE # 04C

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	1999	2000	<u>Annual Indicator Data</u>		2003
			2001	2002	
Annual Indicator	97.2	152.1	159.7	163.1	
Numerator	561	870	924	954	
Denominator	576,942	572,036	578,701	584,864	
Is the Data Provisional or Final?				Final	

HEALTH STATUS INDICATOR MEASURE # 05A

The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.

	1999	2000	<u>Annual Indicator Data</u>		2003
			2001	2002	
Annual Indicator	19.4	20.2	21.4	21.7	19.4
Numerator	2,765	2,884	3,017	2,939	2,619
Denominator	142,519	142,519	141,027	135,147	135,147
Is the Data Provisional or Final?				Final	Final

HEALTH STATUS INDICATOR MEASURE # 05B

The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.

	1999	2000	<u>Annual Indicator Data</u>		2003
			2001	2002	
Annual Indicator	3.9	4.5	5.1	5.1	4.6
Numerator	2,907	3,331	3,825	3,877	3,514
Denominator	741,949	741,949	747,119	760,656	760,656
Is the Data Provisional or Final?				Final	Final

FORM NOTES FOR FORM 20

None

FIELD LEVEL NOTES

1. Section Number: Health Status Indicator #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2005

Field Note:

Data for this measure supplied by Michael D. Singleton, Kentucky Injury Prevention and Research Center; University of Kentucky.

1999: Complete data not available to KIPRC for this year.

Case Definition:

Resident of Kentucky AND

Principal diagnosis 800-995.99 AND

Patient discharged alive AND

E-code between 800 and 869.9 OR E-code between 880 and 929.9.

Changes in data reflects improvements of case ascertainment for the hospital discharge dataset (HDD). It is not an indication of actual increases in rates. The HDD rates beginning with 2001 should provide accurate and stable estimates. - Mike Singleton, KIPRC

2. Section Number: Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2005

Field Note:

Data for this measure supplied by Michael D. Singleton, Kentucky Injury Prevention and Research Center; University of Kentucky.

Case Definition:

Resident of Kentucky AND

Principal diagnosis 800-995.99 AND

Patient discharged alive AND

E-code between 180 and 819.9

Changes in data reflects improvements of case ascertainment for the hospital discharge dataset (HDD). It is not an indication of actual increases in rates. The HDD rates beginning with 2001 should provide accurate and stable estimates. - Mike Singleton, KIPRC

3. Section Number: Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2005

Field Note:

Data for this measure supplied by Michael D. Singleton, Kentucky Injury Prevention and Research Center; University of Kentucky.

Case Definition:

Resident of Kentucky AND

Principal diagnosis 800-995.99 AND

Patient discharged alive AND

E-code between 810 and 819.9

Changes in data reflects improvements of case ascertainment for the hospital discharge dataset (HDD). It is not an indication of actual increases in rates. The HDD rates beginning with 2001 should provide accurate and stable estimates. - Mike Singleton, KIPRC

4. Section Number: Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2005

Field Note:

Estimated population data for 2002 was used within the 2003 denominator for this measure.

5. Section Number: Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2005

Field Note:

Population Estimates for 2002 were used within the denominator for 2003.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: KY

HSI #06A - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

For both parts A and B: Reporting Year: 2002 Is this data from a State Projection? No

CATEGORY TOTAL POPULATION BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	53,235	46,616	4,797					1,822
Children 1 through 4	199,984	174,154	18,753					7,077
Children 5 through 9	251,612	219,651	24,164					7,797
Children 10 through 14	265,409	233,580	25,055					6,774
Children 15 through 19	278,886	246,728	25,560					6,598
Children 20 through 24	301,998	267,716	27,181					7,101
Children 0 through 24	1,351,124	1,188,445	125,510	0	0	0	0	37,169

HSI #06B - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and ethnicity. (Demographics)*

CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	52,059	1,176	
Children 1 through 4	194,913	5,071	
Children 5 through 9	246,148	5,464	
Children 10 through 14	260,595	4,814	
Children 15 through 19	273,669	5,217	
Children 20 through 24	293,218	8,780	
Children 0 through 24	1,320,602	30,522	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: KY

HSI #07A - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

For both parts A and B: Reporting Year: 2002 Is this data from a State Projection? No

CATEGORY TOTAL LIVE BIRTHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Women < 15	110	84	24	0	2	0	0	0
Women 15 through 17	2,054	1,737	299	0	9	0	0	9
Women 18 through 19	4,802	4,186	572	9	25	0	0	10
Women 20 through 34	42,147	37,648	3,716	86	621	3	0	73
Women 35 or older	4,843	4,402	313	7	117	1	0	3
Women of all ages	53,956	48,057	4,924	102	774	4	0	95

HSI #07B - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and ethnicity. (Demographics)*

CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Women < 15	106	4	0
Women 15 through 17	1,988	65	1
Women 18 through 19	4,663	138	1
Women 20 through 34	40,816	1,306	25
Women 35 or older	4,737	104	2
Women of all ages	52,310	1,617	29

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: KY

HSI #08A - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)

For both parts A and B: Reporting Year: 2002 Is this data from a State Projection? No

CATEGORY TOTAL DEATHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	381	301	69	1	3	0	0	7
Children 1 through 4	75	64	10	1	0	0	0	0
Children 5 through 9	41	40	1	0	0	0	0	0
Children 10 through 14	56	50	6	0	0	0	0	0
Children 15 through 19	236	211	24	0	1	0	0	0
Children 20 through 24	305	277	26	0	1	0	0	1
Children 0 through 24	1,094	943	136	2	5	0	0	8

HSI #08B - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)

CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	369	11	1
Children 1 through 4	73	1	1
Children 5 through 9	39	2	0
Children 10 through 14	55	1	0
Children 15 through 19	231	5	0
Children 20 through 24	290	13	2
Children 0 through 24	1,057	33	4

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: KY

HSI #09A - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

CATEGORY Miscellaneous Data BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown	Specific Reporting Year
All children 0 through 19	0								
Percent in household headed by single parent									
Percent in TANF (Grant) families									
Number enrolled in Medicaid	0								
Number enrolled in SCHIP	0								
Number living in foster home care	0								
Number enrolled in food stamp program	0								
Number enrolled in WIC	0								
Rate (per 100,000) of juvenile crime arrests									
Percentage of high school drop-outs (grade 9 through 12)									

HSI #09B - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity. (Demographics)*

CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported	Specific Reporting Year
All children 0 through 19				
Percent in household headed by single parent				
Percent in TANF (Grant) families				
Number enrolled in Medicaid				
Number enrolled in SCHIP				
Number living in foster home care				
Number enrolled in food stamp program				
Number enrolled in WIC				
Rate (per 100,000) of juvenile crime arrests				
Percentage of high school drop-outs (grade 9 through 12)				

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: KY

HSI #10 - Demographics (Geographic Living Area) *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*

Reporting Year: Is this data from a State Projection? No

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	
Living in urban areas	
Living in rural areas	
Living in frontier areas	
Total - all children 0 through 19	0

Note:

The Total will be determined by adding reported numbers for urban, rural and frontier areas.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: KY

HSI #11 - Demographics (Poverty Levels) *Percent of the State population at various levels of the federal poverty level. (Demographics)*

Reporting Year: Is this data from a State Projection? No

POVERTY LEVELS	TOTAL
Total Population	
Percent Below: 50% of poverty	
100% of poverty	
200% of poverty	

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: KY

HSI #12 - Demographics (Poverty Levels) *Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2003 Is this data from a State Projection? No

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	1,038,000.0
Percent Below: 50% of poverty	
100% of poverty	
200% of poverty	40.8

FORM NOTES FOR FORM 21

Data provided is for year 2002 and is from state population estimates. No other race categories can be provided. Ethnicity categories include any race.

FIELD LEVEL NOTES

- 1. **Section Number:** Indicator 12
Field Name: S12_200percent
Row Name: 200% of poverty
Column Name:
Year: 2005
Field Note:
At or below 200% of poverty